

FACILITY ID ASSIGNMENT FOR RADIUS SUBMITTAL

(Please Print)

Instructions: Please fill out parts A and B if the facility has not previously been assigned an ID. If a facility ID has been assigned and you are applying for a PIN Code, only fill out part B.

Facility Name: _____
Street Address : _____
Address Line 2: _____
Address Line 3: _____
City: _____ State: _____ Zip: _____

Mailing Address: _____
Address Line 2: _____
Address Line 3: _____
City: _____ State: _____ Zip: _____

County Location of Facility: _____
Location Description: _____

State Plane Coordinate (X): _____ State Plane Coordinate (Y): _____

Coordinate Unit: ☐ Feet ☐ Meters ☐ Deg-Min-Sec (DMS) ☐ Decimal Degrees ☐ Decimal Minutes ☐ Longitude/Latitude ☐ Other
(Please Check One)

Coordinate Datum: _____ Coordinate Source Org: _____ Coordinate Source Type: _____
Primary SIC: _____ Secondary SIC: _____

Do Not Write Below This Line**For DEP Use Only**

Facility ID Assigned: _____ Date ID Assigned: _____ Assigned by: _____
(Signature)

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(Please Print)

Contact Type: _____

Name: _____
Title: _____
Phone: () - _____
Fax: () - _____
Other: () - _____
Type: _____
E-mail: _____

Organization: _____
Org. Type: _____
NJ EIN: _____
Mailing Address: _____
Address Line 2: _____
Address Line 3: _____
City: _____ State: _____ Zip: _____

What type of contact is the contact you specified above (check all appropriate contact types)?

- ☐ Accountant
- ☐ Bureau of Air Quality Engineering (BAQEng) Contact
- ☐ Bureau of Air Quality Evaluation (BAQEval) Contact
- ☐ Bureau of Air Quality Planning (BAQP) Contact
- ☐ Bureau of Operating Permits (BOP) Contact
- ☐ Bureau of New Source Review (BNSR) Contact
- ☐ Bureau of Technical Services (BTS) Contact
- ☐ Consultant
- ☐ Contractor
- ☐ County Government Official

- ☐ Developer
- ☐ Emergency Responder
- ☐ Environmental Officer
- ☐ EPA Official
- ☐ Fee/Billing Contact
- ☐ General Contact
- ☐ Interested Party
- ☐ Legal Counsel
- ☐ Lender
- ☐ Local Elected Official

- ☐ On-Site Manager
- ☐ Operator
- ☐ Owner (current Primary)
- ☐ Owner (current Co - 1)
- ☐ Owner (Current Co - 2)
- ☐ Owner (Former)
- ☐ Potential Buyer
- ☐ Registered Agent
- ☐ Regulation Officer
- ☐ Responsible Officer

PIN CODE ASSIGNMENT FOR RADIUS SUBMITTAL

(Please Print)

Facility ID: _____
(If known)Facility Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____Name of Person Requesting PIN Code: _____
Title: _____ Phone: _____
PIN Code Selected (Limited to (7) Alpha/Numeric Characters): _____
Is This Individual a Responsible Official?: Yes _____ No _____Name of Person Requesting PIN Code: _____
Title: _____ Phone: _____
PIN Code Selected (Limited to (7) Alpha/Numeric Characters): _____
Is This Individual a Responsible Official?: Yes _____ No _____Name of Person Requesting PIN Code: _____
Title: _____ Phone: _____
PIN Code Selected (Limited to (7) Alpha/Numeric Characters): _____
Is This Individual a Responsible Official?: Yes _____ No _____

Note: PIN Codes are kept confidential and will only be disclosed to the responsible official by written request. You should keep a copy of this form for your own records.

Do not write below this line

For DEP use only

Facility ID: _____

Date PIN assigned: _____

Assigned By: _____
(Signature)